

PHYSICIAN'S ORDERS



CULLMAN  
REGIONAL

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

**Post Op Tram Flap Breast Reconstruction Order Set  
POD #1 – Dr. Seidel**

1. Begin clear liquids, no caffeine. (Avoid nausea and vomiting if at all possible).
2. Activity: Out of bed in chair.
3. Encourage Pulmonary Toilet.
4. Begin Incentive Spirometry Protocol, notify Respiratory Therapy.
5. Turn, cough, and deep breath q 2 hours x 48 hours while awake.

**MD Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

**Please use Ball Point Pen ONLY**

**Physician's Orders**

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**

Reviewed: 11/12/13

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